Rhode Island Medicaid Program

PROVIDER update

February, 2016 Volume 277

THIS MONTH’S FEATURED ARTICLES

RI Medicaid Provider Revalidation

Selected provider types MUST complete revalidation as soon as possible!

See page 3 for important information

Important Changes for Hospice Payments

Read pages 10-11 for more information

Ordering, Prescribing And Referring Provider Information Required for Many Claims

Read pages 4-9 to see if your claims are affected

Inside This Issue:
See page 2 for interactive Table of Contents.

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Please put “Subscribe” in the subject line of your email.

In addition to the Provider Update, you will also receive any updates that related to the services you provide.
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</table>
Revalidation of RI Medicaid

OHHS and Hewlett Packard Enterprise are revalidating Provider Enrollment information for one third of the enrolled Medicaid providers that are active and have submitted a claim since January 1, 2014. The provider types in the 2015 Revalidation are as follows:

<table>
<thead>
<tr>
<th>Inpatient Facility</th>
<th>ICF-MR Public Facility/ ICF-MR Private Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Facility</td>
<td>Federally Qualified Health Centers</td>
</tr>
<tr>
<td>Freestanding Psychiatric Hospital</td>
<td>Assisted Living Facility</td>
</tr>
<tr>
<td>Independent Pharmacy</td>
<td>Case Management</td>
</tr>
<tr>
<td>Independent Laboratory</td>
<td>Adult Day Care</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Shared Living Agency</td>
</tr>
<tr>
<td>DME Supplier/Prosthetics/Orthotics</td>
<td>Day Habilitation</td>
</tr>
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<td>Nursing Home</td>
<td>Personal Choice/Habilitation Case Management</td>
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<tr>
<td>Rhode Island State Nursing Home</td>
<td>Self-Directed Community Service</td>
</tr>
<tr>
<td>Freestanding Ambulatory Surgical Center</td>
<td>Home Meal Delivery</td>
</tr>
<tr>
<td>RICLASS</td>
<td>Outpatient Psychiatric Facility</td>
</tr>
<tr>
<td>Hospice</td>
<td>Eleanor Slater Hospital</td>
</tr>
</tbody>
</table>

In July, 2015, our Provider Enrollment Team outreached to the above groups of providers. Providers should have received two letters for the re-validation process. The first letter contained a predetermined Tracking ID. The second letter contained the password information. Providers are asked to log into the Provider Enrollment Portal with this Tracking ID and Password to verify the information that is currently in the Medicaid Management Information System.

If you are one of the provider types listed above and you have not complied with the requirement to revalidate by 2/12. your claims will suspend beginning 2/15, and if the revalidation is not completed, you will be terminated on March 1, 2016.

If you have moved your office location recently but have not notified us, please ensure that Medicaid has your most current address by completing the form here: [http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/provcoi.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/provcoi.pdf)

If you have not received your letters or have questions while completing your enrollment verification, please contact our Customer Service Help Desk at (401) 784-8100 for in-state and long distance calls or (800) 964-6211 for in-state toll calls.
Ordering, Prescribing, and Referring Providers

The Affordable Care Act (ACA) requires physicians or other eligible practitioners to be enrolled in the Medicaid Program to order, prescribe and refer items or services for Medicaid beneficiaries, even when they do not submit claims to Medicaid.

RI Medicaid requires this information on claims with dates of service on or after October 1, 2015, to ensure all orders, prescriptions or referral for items or services for Medicaid beneficiaries originate from appropriately licensed practitioners who have not been excluded from Medicare or Medicaid.

It is the responsibility of the RI Medicaid provider rendering the service to obtain the NPI of the Ordering, Prescribing, Referring Provider (OPR) and confirm that the OPR provider is enrolled in the RI Medicaid Program.

Claims that are submitted without the required information for OPR will deny due to missing information. (See Frequently Asked Questions pages 5-7 for required information). Claims with complete information that are processed and paid, will be subject to a post-claim review. If it is determined that the OPR is not enrolled as a RI Medicaid provider, the claim may be recouped.

OPR information is not required on crossover claims when Medicare makes a payment. In this case, when Medicare makes a payment, RI Medicaid will process without the OPR information. If Medicare does not make a payment, that claim is no longer a crossover claim and WILL require the OPR information outlined in RI Medicaid guidelines.

Ordering, Prescribing and Referring Provider affects the following Provider Types:

<table>
<thead>
<tr>
<th>Inpatient Claims</th>
<th>Outpatient Claims except:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic visits (rev codes 510-519), ER visits (rev codes 450-459) and Observation (rev codes 760-769); Pharmacy (POS currently requires NPI for prescriber)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychiatric Hospital</th>
<th>Skilled Home Health</th>
<th>Independent Radiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Labs</td>
<td>DME</td>
<td>Chiropractor</td>
</tr>
<tr>
<td>Dialysis</td>
<td>Ambulatory Surgical Centers</td>
<td>Hospice</td>
</tr>
</tbody>
</table>

For clearing houses/vendors, the OPR information should be entered in Loop 2310A for professional claims and Loop 2310F for institutional claims. PES users should must upgrade to PES Version 2.08.

For more information, see the Frequently Asked Questions on pages 5-7. If you have any other questions, please contact your provider representative directly. Contact information is found on the Provider Representative list on the EOHHS website.
Ordering, Prescribing, and Referring Providers

Frequently Asked Questions

Q: What provider types are impacted?
A: Inpatient
   Outpatient (except clinic visits-rev codes 510-519, ER visits-rev codes 450-459 and observation-rev codes 760-769),
   Pharmacy
   Psychiatric Hospital
   Skilled Home Health
   Independent Radiology
   Independent Laboratory
   Durable Medical Equipment (DME)
   Chiropractor
   Dialysis
   Ambulatory Surgical Centers
   and Hospice.

Q: Who is eligible to order/refer?
A: Only Medicaid–enrolled individuals of the following types can order/refer:
   - Certified Nurse-Midwives
   - Clinical Nurse Specialists
   - Clinical Psychologists
   - Clinical Social Workers
   - Interns, Residents, and Fellows*
   - Nurse practitioners
   - Optometrists (may order and refer only laboratory and X-ray services)
   - Physician’s Assistants
   - And Physicians (Doctors of Medicine or Osteopathy, Doctors of Dental Medicine, Doctors of Dental Surgery, Doctors of Podiatric Medicine, Doctors of Optometry)

*Interns and non-licensed residents must use the NPI of the teaching, admitting, or supervising physician.

Q: How will I know if an OPR provider is enrolled with RI Medicaid?
A: It is ultimately the responsibility of the RI Medicaid provider rendering the service to obtain the OPR provider’s NPI and taxonomy code, and to confirm participation with RI Medicaid. RI Medicaid maintains a provider search function on the website, although all providers may not be listed.

Q: How will I know the NPI of the physician or health care professional who wrote the prescription or order?
A: A prescribing physician or licensed health care provider should be including their NPI on the prescription or order.

Q: I am a member of a group. As an OPR provider, do I list my group NPI or my individual NPI?
A: Only individual NPIs are accepted as an OPR provider on a claim.
Ordering, Prescribing, and Referring Providers

Frequently Asked Questions Continued

Q: What information is required on a Prior Authorization request?
A: The OPR provider’s information must be listed in the OPR fields. The Performing/Billing provider information should be listed on the Performing/Billing Provider line. If the OPR information is missing, or the OPR is not enrolled with RI Medicaid, the PA form will be returned.

Q: What will happen to a qualifying claim submitted without a OPR listed?
A: The claim will be denied by RI Medicaid with EOB Message 574—Referring/Ordering Provider required and missing or invalid.

Q: What is required on a crossover claim?
A: If Medicare makes a payment, RI Medicaid will process without the OPR information. If Medicare does not make a payment, the claim is no longer a crossover claim, and WILL require the OPR Information.

Q: Where is the OPR information entered on the claim form?
A: UB-04 – Box 79 – Other– Referring Provider NPI, Box 81CC (Row d) Referring Provider Taxonomy Code

CMS 1500 Claim Form
Box 17a—Referring Provider Taxonomy code with qualifier “ZZ”
Box 17b—NPI of referring provider

Q: Where can I obtain the OPR taxonomy code, if I only have the NPI?
A: This information can be found on the NPPES website, by completing a provider search by NPI.

Q: Where is the OPR information entered for electronic claims?
A: For electronic submission of claims (Non-PES users), the OPR information should be entered in Loop 2310A for professional claims and Loop 2310F for institutional claims. Both the name and the NPI are required.
Ordering, Prescribing, and Referring Providers
Frequently Asked Questions Continued

Q: I use the Provider Electronic Solutions (PES) software. Will I need to upgrade the software?
A: Yes. Install the PES 2.08 upgrade from the EOHHS website. Information for OPR is entered and then selected from the “Other Provider” form in the software. The following information must be entered for the OPR: NPI, Taxonomy, Provider Name, Tax ID, and Provider Address.

Entering information for the OPR on the Other Provider screen will generate a list. When entering the claim information, you will be able to select the provider from the drop down list in the Referring Provider field.

Q: Will claims submitted with an NPI for a non-Medicaid OPR be denied?
A: Claims submitted with complete information will be subject to a post-claims review. If it is determined that the OPR listed on the claim is not enrolled as a RI Medicaid provider, the claim may be recouped.

Q: If RI Medicaid is secondary, is the OPR provider still required?
A: Yes. The enrollment requirement applies even if Medicaid is the secondary payer.

Q: What if the OPR provider is enrolled with another state’s Medicaid program?
A: Enrollment in another state’s Medicaid program does not exempt a provider from enrolling with the RI Medicaid program.

Q: I wish to enroll as a RI Medicaid provider. Where do I go to enroll in the Medicaid program?
A: RI Medicaid moved to an electronic enrollment process on July 30. The Provider Enrollment Portal can be accessed by visiting the Healthcare Portal and clicking Provider Enrollment. Please note the following:
1. The Provider Enrollment Portal is now available.
2. Paper applications are no longer accepted, except for attending providers being added to an existing group.

Q: What is the effective date of this change?
A: Claims submitted with a date of service of October 1, 2015 or after must include the OPR information.
OPR Requirements for Prior Authorization Requests

The Affordable Care Act (ACA) requires that the RI Medicaid provider rendering the service submit the Ordering, Prescribing, and Referring (OPR) provider’s identifying information. For more information about the requirement and the provider types impacted, read the OPR Frequently Asked Questions document on the EOHHS website.

This requirement also applies to the submission of Prior Authorization forms. Prior Authorization forms must contain the Ordering, Prescribing or Referring (OPR) provider’s information. The Prior Authorization form has been revised to make it easier for providers to complete.

The OPR information (Name, NPI and Taxonomy) should be listed on the OPR line. The Billing Provider should list their information on the Performing/Billing Provider line. The address for the Performing/Billing Provider should also be listed, in case the form needs to be returned.

If a Prior Authorization form is submitted without the OPR information or if the OPR provider is not enrolled in the RI Medicaid Program, the Prior Authorization form will be returned to the billing provider. Please be sure to use the new Prior Authorization form for all requests. Click here for revised Prior Authorization Form.

Also, when checking status of a Prior Authorization request, be sure to select “Supplying Provider” to retrieve the status. If “Supplying Provider” is not selected, you will not be able to view the status of the request.

Please enter a valid NPI, Provider Type, and Taxonomy combo:

NPI: [Blank]  Go  Provider Type: [Blank]

If you have any questions, please contact your provider representative.
Attention: Institutional Providers, Billing Companies and Clearing Houses

837 Institutional Transactions and OPR

When 837 Institutional transactions are submitted and the Ordering, Prescribing or Referring (OPR) provider information is required, there may be instances when the attending provider and the referring provider NPI are the same.

In these instances, Rhode Island business processes allow the NPI in Loop 2310A and 2310F to be the same. The RI Companion Guide found at [http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/RICompanion5010.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/RICompanion5010.pdf) has been updated to reflect these modifications. If you have additional questions, please email riediservices@hpe.com.

ICD-10 Diagnosis Codes Never Used as Primary Diagnosis

With the adoption of ICD-10, CMS designated that certain Supplementary Classification of External Causes of Injury, Poisoning, Morbidity (E000-E999 in the ICD-9 code set) and Manifestation ICD-10 Diagnosis codes cannot be used as the primary diagnosis on claims.

Claims submitted with these diagnosis codes as primary will deny. To view the complete list of codes, [click here.](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/RICompanion5010.pdf)
Attention: Hospice Providers

Hospice Tiered Payments for Routine Home Care

CMS stipulates that Hospice Routine Home Care claims must be paid using a two tiered methodology. Effective January 1, 2016, claims submitted with procedure code T2042 are subject to the new payment methodology based on days of care.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Days of Care</th>
<th>Daily Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2042</td>
<td>Routine Home Care—Days 1-60</td>
<td>$187.08</td>
</tr>
<tr>
<td>T2042</td>
<td>Routine Home Care—Day 61+</td>
<td>$147.02</td>
</tr>
</tbody>
</table>

Days of care are calculated as claims are processed, and could pay for non-consecutive dates.

For example: Claim is paid at the higher rate for the month of January (31 units). The claim for February dates of service is denied for incorrect billing. The claim for March dates of service, if processed prior to the corrected February claim submission, could pay at the higher rate for the remaining 29 days available at the higher rate. When the February claim is resubmitted it will pay at the lower rate, as the 60 days have been exhausted. In this instance you may need to recycle the February and March claims, to reassign the higher rate to the first consecutive 60 days.

If a patient elects to leave hospice care for a minimum of 60 days, and a subsequent period of hospice care is then re-elected, the counter restarts, and days 1-60 begin to pay again at the higher rate.

To assist providers in understanding the new payment methodology, RI Medicaid hosted a webinar to explain the details of the new payments. [Click here for slides.](#)
Attention: Hospice Providers

Service Intensity Add-On Payment

Effective January 1, 2016, a service intensity add-on payment will be made for a visit by a social worker or a registered nurse (RN), when provided during routine home care in the last seven days of life.

The SIA (Service Intensity Add-On) payment is in addition to the T2042 routine home care rate.

The SIA payment will be billed in 15 minute units ($9.85 per unit), not to exceed 16 units per day (4 hours) that occurred during the last 7 days of life.

<table>
<thead>
<tr>
<th>Visit Description</th>
<th>HCPCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Social Worker—Hospice Setting</td>
<td>G0155</td>
</tr>
<tr>
<td>Skilled Nursing (RN) Visit—Hospice Setting</td>
<td>G0299</td>
</tr>
</tbody>
</table>

At this time, please hold and do not submit claims that are eligible for the SIA. When the system is able to process this add-on payment, hospice providers will be notified by email.

When submitting, be sure to verify that the date of death is recorded in the Healthcare Portal before submitting the claim. If the date of death is not present, the claim will suspend for 45 days. If the date of death is still not present at the end of the 45 days, the claim will deny.

Attention: Hospice Providers

Quality Reporting

The Hospice Quality Reporting Program (HQRP) was mandated by Section 3004 of the Affordable Care Act (ACA). As part of the HQRP, all Medicare-certified hospices are required to submit quality data to CMS. The HQRP currently operates on a cycle of data collection, data submission, and payment impact that spans three years.

Providers that fail to meet HQRP requirements will be reported by CMS as non-compliant resulting in a 2% reduction in payments.

For any questions, please visit the CMS website or contact your medical association.
Pharmacy Spotlight

Meeting Schedule:
Pharmacy & Therapeutics Committee
Drug Utilization Review Board

2016 Meeting Dates

April 12
June 7
August 30
December 13

The next meeting of the
Pharmacy & Therapeutics Committee (P&T)
is scheduled for:
Date: April 12, 2016
Registration: 7:30 AM
Meeting: 8:00 AM
Location: Hewlett Packard Enterprise
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886
Click here for agenda

The next meeting of the
Drug Utilization Review (DUR) Board
is scheduled for:
Date: April 12, 2016
Meeting: 10:30 AM
Location: Hewlett Packard Enterprise
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886
Click here for agenda

When and How to Process an Emergency Supply of Medication

Emergency supply may be used in the following situation:
• Weekend and evening hours when a prior authorization is required for a needed medication.

The claim must be for no more than 10 units with the day’s supply billed for 3 days or less.
However, the claim will not process if there is one claim in the past six months for the same NDC.
Pharmacy Spotlight

When Will a Prior Authorization (PA) NOT Work?

PAs will not override...
NDCs from non-rebateable drug manufacturers.

Only those drug products that are manufactured by pharmaceutical companies that have signed a rebate agreement with CMS pursuant to the Omnibus Budget Reconciliation Act of 1990 will be reimbursed. Below is a link to the CMS website with a list of drug manufacturers that have signed the rebate agreement with CMS. This list changes periodically. When there is question about an NDC please check the list.

https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Medicaid-Drug-Rebate-Program.html

PAs will not override...
Claims that deny as “NDC not covered, Drug Class not covered”.

PAs will not override...
- Drug-Drug Interactions
- Early Refills
- Therapeutic Duplication

You **must** use the following process to override the above DUR denials:
The pharmacist submitting a claim through POS must initiate a DUR Alert Override using valid intervention and outcome response codes. Valid Professional Service (intervention) and Result of Service (outcome) codes must be entered in order for the claim to be paid. These codes are selected based on the pharmacist’s professional judgment and assessment, and may involve contacting the prescriber to obtain more information before a code is used.

<table>
<thead>
<tr>
<th>Reason For Service Code (Alert)</th>
<th>Professional Service Code (Intervention)</th>
<th>Result of Service Code (Outcome)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD = Drug-Drug Interaction</td>
<td>M0 = Prescriber consulted</td>
<td>1C = Filled, With Different Dose</td>
</tr>
<tr>
<td>ER = Early Refill (Overuse)</td>
<td>MR = Medication review</td>
<td>1D = Filled, with Different Di-</td>
</tr>
<tr>
<td>TD = Therapeutic Duplication</td>
<td>PH = Patient medication history</td>
<td>rections</td>
</tr>
<tr>
<td></td>
<td>PM = Patient monitoring</td>
<td>1E = Filled, With Different Drug</td>
</tr>
<tr>
<td></td>
<td>P0 = Patient consulted</td>
<td>1G = Filled, With Prescriber</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Approval</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3C = Discontinued Drug</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3D = Regimen Changed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3E = Therapy Changed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3H = Follow-up/ Report</td>
</tr>
</tbody>
</table>
RI Medicaid EHR Incentive Program
Update

CMS releases New Final Rules for Program Years 2015 - 2017

Effective December 15, 2015 the Centers for Medicare & Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) released final rules that simplify requirements and add new flexibilities for providers to make electronic health information available when and where it matters most and for health care providers and consumers to be able to readily, safely, and securely exchange that information.

Click here for the CMS EHR Incentive program website for more information.

CMS also posted a What You Need to Know Eligible Provider and What You Need to Know Eligible Hospital tip sheets on their website that provides a summary of changes to the program.

How do these Changes Effect the RI Medicaid EHR Incentive Program?
When you log into MAPIR, you will see the following message that explains how to proceed with your 2015 and 2016 program year attestation:

** ATTENTION **
IMPORTANT INFORMATION BELOW

Due to program policy changes effective on December 15, 2015, any 2015 or 2016 meaningful use EHR Incentive applications will not be approved until our MAPIR system is updated to meet the new 2015 – 2017 Stage 2 Modified Meaningful Use measure program requirements. Please plan accordingly as we plan to provide the new upgrade in April 2016.

However, we are accepting first year AIU (Adopt, Implement or Upgrade) attestation for 2015 and 2016. The deadline to submit 2015 AIU applications is March 30, 2016.

Click here for the CMS EHR Incentive program website for more information. Email questions or request to be notified when the MAPIR system meaningful use upgrade is available to ohhs.ehrincentive@ohhs.ri.gov.

If you ready to attest to meaningful use for 2015, we recommend that you have your information prepared so that when the MAPIR system is upgraded you will be ready! We appreciate your patience and understanding and please do not hesitate to email us with any questions.
The Rhode Island Quality Institute (RIQI) was recently awarded a four-year, $8.3M grant - Transforming Clinical Practices Initiative (TCPI) - to provide technical assistance to help equip clinicians in Rhode Island with tools, information, and network support needed to improve quality of care, increase patients' access to information, and spend health care dollars more wisely. As a Practice Transformation Network, RIQI will support 1,500 clinicians to expand their quality improvement capacity, learn from one another, and achieve common goals of improved care, better health, and reduced cost.

The TCPI program is open to all providers, including specialists, as long as they are not already participating in a federal Shared Savings Program (MSSP, MAPCP, CPCI, Pioneer ACO), or with another Practice Transformation Network. If you are interested in learning more about receiving free service and support through the TCPI initiative, please email us at info@riqi.org and we will contact you shortly.

Click here to read the press release

For additional information:
- Clinical Practice Initiative Fact Sheet
- Clinical Practice Initiative External FAQs
- Information about the Transforming Clinical Practice Initiative at CMS.gov

MU Resources from the Rhode Island Quality Institute

The December 9th in-person Meaningful Use event at the RI Quality Institute included presentations by Sue Dettling and Suzette Santos from RIQI, and Stan Prokop, Program Manager – RI Medicaid EHR Incentive Program at Rhode Island Office of Health & Human Services, who explained the MAPIR registration process for RI Medicaid Providers.

Contact information is provided in the presentation slides here: RIQI Presentation (slides in PDF format): Modifications to Meaningful Use in 2015-2017 – Final Rule. If you weren’t able to attend, here are some additional resources:

- EHR Incentive Programs Overview: 2015-2017
- Eligible Professional Attestation Worksheet
- EHR Incentive Programs for Eligible Professionals: What You Need to Know for 2015 Tipsheet
- MU Measures Table – Summary for Medicare and RI Medicaid Programs
Attention: Adult Day Care Providers

Basic and Enhanced Levels of Services

Effective February 1, 2016, recipients will need to meet at a minimum a Preventive Level of Care in order to receive Adult Day Care Services. Providers will need to check Recipient Eligibility on the Healthcare Portal to determine if the recipient is entitled to Adult Day Care Services.

If the recipient is enrolled in one of the following waivers then the person qualifies to receive the service: Preventive, Core Community, DEA Community, Habilitation Community, Shared Living and Intellectual Disabilities. Please note these changes do not affect recipients on the DEA Co-Pay program.

There will be 2 levels of reimbursement for basic and enhanced level of services.

Enhanced Level of Services require:

- Daily assistance*, on site in the center, with at least two (2) Activities of Daily Living (ADL) described herein.
  OR
- Daily assistance, on site in the center, with at least one skilled service, by a Registered Professional Nurse (RN) or a Licensed Practical Nurse (LPN).
  OR
- Daily assistance, on site in the center, with at least one (1) Activity of Daily Living described herein which requires a two-person assist to complete the ADL.
  OR
- Daily assistance, on site in the center, with at least 3 Activities of Daily Living as described herein when supervision and cueing are needed to complete the ADL’s identified.
  OR
- An individual who has been diagnosed with Alzheimer’s disease or other related dementia, or a mental health diagnosis, as determined by a physician, and requires regular staff interventions due to safety concerns related to elopement risk or other behaviors and inappropriate behaviors that adversely impact themselves or others. Such behaviors and interventions must be documented in the participant’s care plan and in the required progress notes.

*Daily assistance= every day of attendance
Basic and Enhanced Levels of Services - continued

**Basic Level of Services** require:
- Provision by the Adult Day Care Provider of an organized program of supervision, health promotion and health prevention services that include the availability of nursing services and health oversight, nutritional dietary services, counseling, therapeutic activities and case management.

The billing will consist of one code with different modifier combinations to reflect the different levels of care and either a half or full day of service.

<table>
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<tr>
<th>BASIC - HIGH LEVEL OF CARE</th>
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<td>S5102</td>
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<tr>
<th>ENHANCED—HIGHEST LEVEL OF CARE</th>
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<td>S5102 U1 U2</td>
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Please contact Karen Murphy with billing questions at (401) 784-8004 or karen.murphy3@hpe.com.

Cedar Family Centers

EOHHS is pleased to announce that 5 organizations are certified to operate the new Cedar Family Centers, effective January 1, 2016.

- About Families
- Solutions Cedar at Family Service RI
- Lifespan Cedar
- Empowered Cedar at Gateway
- Rhode Island Parent Information Network
Reinventing Medicaid

Re-design of Connect Care Choice and Connect Care Choice Community Partners

As part of Governor Raimondo’s effort to reform Medicaid, the working group to Reinvent Medicaid issued a report in April 2015 that recommended numerous initiatives to achieve financial saving in State Fiscal year (SFY) 2016. The Governor introduced those recommendations in a budget article entitled, “The Reinventing Medicaid Act of 2015.” The Rhode Island General Assembly passed the Reinventing Medicaid Act in June 2015.

One of the Reinventing Medicaid budget initiatives is to re-design Connect Care Choice (CCC)/Connect Care Choice Community Partners Program (4CP). The re-design will align with other budget initiatives aimed at achieving savings to the Medicaid Program. As part of the re-design, many of the current members of CCC/4CP will be transitioning to managed care through Rhody Health Partners, UnitedHealthcare (UHC) or Neighborhood Health Plan of Rhode Island (NHPRI) as of January 1, 2016; or Rhody Health Options, Neighborhood Health Plan of Rhode Island (NHPRI), as of February 1, 2016.

As a reminder, please check the Healthcare Portal for the most current enrollment information in order to bill the correct plan.

If you have any questions, please call the HPE Customer Service Help Desk at 401-784-8100.
Community Health Team RI Starts February 1, 2016

New Program for Adults with Medicaid Fee for Service (FFS) Coverage

Program Description
There’s a NEW Primary Care Case Management (PCCM) program for adults who have Medicaid coverage who will now have access to care management services. Currently, these Medicaid members do not receive care management and are not enrolled in a health plan. The new program, called Community Health Team RI, will be administered by CareLink. Members will be able to receive help with:

- Navigating the health care system
- Care management, client advocacy, and health education
- Working with a person’s primary care doctor
- Links to community resources

This program is voluntary. A person can dis-enroll at any time on a monthly basis. The state will auto-enroll eligible individuals into the new program unless a person calls to opt out.

Eligibility

- Has Medicaid Fee for Service coverage
- Is determined by EOHHS to be at high risk or at risk of becoming high risk medically
- Is not currently receiving care management services

FFS benefits and covered services remain the same for the members in this program. Continue to bill as you are doing now.

If you have any questions, please call the RI Medicaid Customer Service Help Desk for Providers
Available Monday-Friday
8:00 AM-5:00 PM
(401) 784-8100 for local and long distance calls
(800) 964-6211 for in-state toll calls
American Heart Month

The American Heart Association

American Heart Month is observed throughout the month of February. Heart disease is the leading cause of death for men and women in the United States. Every year, 1 in 4 deaths are caused by heart disease.

The good news? Heart disease can often be prevented when people make healthy choices and manage their health conditions. Communities, health professionals, and families can work together to create opportunities for people to make healthier choices.

The US Department of Health and Human Services provides a toolkit of resources to help spread the word.

Click here to access the toolkit.

Resources include:
- Sample announcements for your newsletter or website
- Printable resources on heart disease, blood pressure, cholesterol, healthy eating and blood pressure
- Messages to Tweet on the above topics
- E-Cards

Toolkit adapted from the American Heart Association.


Attention: Dental Providers

Peridontal Scaling and Root Planing

Periodontal Scaling and Root Planing, procedure codes D4341 and D4342, performed on more than one quadrant on the same date-of-service should be billed on one detail.

The total units billed should represent the number of quadrants serviced on that date-of-service. The total charge for the detail should equal your usual and customary charge times the total number of units.

Should you have questions, please contact Sandra Bates at sandra.bates@hpe.com or 401-784-8022.